

Department of Health Employment Opportunity



Rev. 11/5/10

Human Resources Office – Recruitment & Examination ♦ 1250 Punchbowl Street, Room 122 ♦ Honolulu, Hawaii 96813

OPENING DATE: November 5, 2010

LAST DAY TO FILE APPLICATIONS: Continuous Until Needs Are Met

PUBLIC HEALTH PROGRAM MANAGER

\$5,980 per month (EM-05)

(subject to furlough and pay reductions as negotiated in collective bargaining)

Recruitment No. 10X004

Downtown, Oahu

- ◆ **JOB DUTIES:** The primary responsibilities for the position, in part, are to administer and manage the operations of the Immunization Branch, which plays a critical role in protecting the health and safety of the public through the monitoring, prevention, and control of vaccine preventable disease (VPD) cases, including associated outbreaks, in Hawaii; and to perform an extensive array of administrative, planning, technical, and supervisory responsibilities. As the Branch Chief, the incumbent in this position must possess and maintain an expert level of knowledge about immunizations and VPD surveillance and interventions in Hawaii and have the technical expertise to interpret and analyze epidemiological data and fulfill duties independently with overall technical guidance and medical direction from the Chief of the Disease Outbreak Control Division.

QUALIFICATION SUMMARY

You Must Have:

1. a bachelor's degree;
2. 3-1/2 years of professional experience in social work, public health, or other related field, including one (1) year which involved surveillance, investigations, assessments, and/or studies dealing with VPDs;
3. 2 years of work experience which involved supervising a professional staff; and
4. managerial aptitude.

Allowable substitutions for these requirements are described in the **Minimum Qualification Requirements**.

- ◆ **MINIMUM QUALIFICATION REQUIREMENTS:** To qualify, you must meet **all** of the following requirements. Please note that unless specifically indicated, the required education and experience may not be gained concurrently. In addition, qualifying work experience is credited based on a 40-hour workweek.
1. **Basic Education Requirement:** Graduation from an accredited four (4) year college or university with a bachelor's degree. Excess experience of the types and quality described below, or any administrative, professional, or other responsible experience which required a high degree of analytical skill may be substituted for education on a year-for-year basis.
 2. **Specialized Experience Requirement:** Three and one-half (3-1/2) years of progressively responsible professional experience in social work, public health, or other related field which provided knowledge of public health laws, rules and regulations, public health programs and services; community health organizations and the services and/or programs they offer to the community; and an awareness of current public health problems and related social and economic conditions and concerns.
 3. **Selective Certification Requirement:** Of the three and one-half (3-1/2) years of the required Specialized Experience, at least one (1) year must have involved work experience with surveillance, investigations, assessments, and/or studies dealing with vaccine preventable diseases, and which provided knowledge of the characteristics of VPDs and their mode of transmission; statistical methodology; public health rules and regulations pertinent to VPDs and vaccinations; and current recommendations established by the Centers for Disease Control and Prevention and Advisory Committee on Immunization Practices; and the ability to plan, develop, and coordinate programs relating to VPDs and vaccination.
 4. **Supervisory Experience Requirement:** Two (2) years of work experience which involved supervising a professional staff. The

(continued on back)

An Equal Opportunity Employer

experience must have demonstrated an applicant's ability to: 1) plan, organize, schedule and direct the work of others; 2) assign and review the work of others; 3) advise subordinates on difficult work problems; 4) train and develop subordinates; and 5) maintain discipline.

5. **Managerial Experience Requirement:** Managerial aptitude rather than actual managerial experience may be accepted. Managerial aptitude will be considered to have been met through successful performance of, or substantial participation in, organizing, scheduling, supervising and coordinating a group of activities in order to attain program objectives; interest in management demonstrated by the performance of work assignments in a manner which indicates awareness of problems and the ability to solve them; completion of educational or training courses in the areas of management accompanied by the application of principles, which were learned, to work assignments; management's observation and evaluation of the applicant's leadership and managerial capabilities; success in trial assignments to managerial and/or administrative tasks.
6. **Substitution of Education for Specialized Experience:**
 - a. Possession of a master's degree in public health administration, or other related field, from an accredited college or university, which provided the applicant with the knowledge described in the Specialized Experience Requirement, may be substituted for one (1) year of the Specialized Experience.
 - b. Possession of a Ph.D. degree in public health administration, or other related field, from an accredited college or university, which provided the applicant with the knowledge described in the Specialized Experience Requirement, may be substituted for two (2) years of the Specialized Experience.

HOW TO FILE: Submit applications and all required documentation in person or by postal mail to:

Department of Health
Human Resources Office – Recruitment & Examination
1250 Punchbowl Street, Room 122
Honolulu, Hawaii 96813

File applications immediately. Mailed applications and supplemental materials must be postmarked by midnight of the last day to file applications. For continuous recruitments, the last day to file applications will be posted in our office.

REQUIRED FORMS AND DOCUMENTATION: You must submit the following forms and documentation **together with your application** or your application may be rejected:

1. Evidence of the appropriate training (official transcript or diploma to verify coursework or major) to be given credit for education. A legible photocopy will be accepted; however, the Department of Health reserves the right to request an official copy of your transcript.
2. Copy of any license or registration required to qualify you for the position.

QUALITY OF EXPERIENCE: Your possession of the required amount of experience will not in itself be accepted as proof of qualification for the position. Overall paid or unpaid experience must be of such scope and responsibility as to conclusively demonstrate that you have the ability to perform the duties of the position. Provide a detailed description of your duties and responsibilities. If you worked on a part-time basis, indicate your average number of hours worked per week.

We will not withhold the referral of names of eligibles for employment consideration because of your failure to provide accurate and complete information concerning your qualifications.

MERIT CIVIL SERVICE SYSTEM: You must meet the minimum qualification requirements of the position being sought, including all education, experience, and other public employment requirements for State Civil Service employment.

The names of applicants will be referred based on their examination grade and availability for employment. The employing agency may select **any one** of the eligibles referred. The names of those not selected will be kept on an eligible list for no less than the period indicated on the eligible's notice of examination results.

CITIZENSHIP REQUIREMENT: You must be a citizen, permanent resident alien, or national of the United States; however, if you are a non-citizen with unrestricted employment authorization from the U.S. Immigration & Naturalization Service, you may also apply.

RESIDENCE REQUIREMENT: Effective July 1, 2007, persons who are non-residents of the State of Hawaii will have thirty (30) days from the date they begin their State employment to become Hawaii residents. While an employee of the State of Hawaii, they must maintain their Hawaii residency.

VETERANS' PREFERENCE: If you are claiming 5 Veterans' Preference Points, submit a copy of the DD214 (Member 4) verifying dates of honorable service. If you are claiming 10 Points, submit a copy of an official statement/letter from the Department of Veterans Affairs or armed services dated within the past 12 months which confirms your qualification to receive 10 points preference.

PHYSICAL/MEDICAL REQUIREMENTS: Applicants must be able to perform the essential duties and responsibilities of the position effectively and safely. Qualified applicants with disabilities who can perform the essential functions of the advertised position are encouraged to apply. The State of Hawaii is committed to making reasonable accommodations on a case-by-case basis. Applicants seeking reasonable accommodations should be ready to discuss the accommodation sought so that a determination can be made that such accommodation is reasonable and would not cause the employer undue hardship.

PRE-EMPLOYMENT PHYSICAL EXAMINATION REQUIREMENT: Offers of employment are conditional upon the results of a complete physical examination. For certain job categories, applicants may be referred to a State-designated physician, rather than the applicant's personal physician of choice. The cost for all physical examinations shall be borne by the applicant and not the State of Hawaii.

CRIMINAL HISTORY RECORD CHECK: Individuals who are recommended for hire are required to undergo a criminal history record clearance and other checks, as applicable.

EXAMINATION: The examination for this recruitment will be conducted on an unassembled basis where the examination score is based on an evaluation and rating of your education and experience. It is therefore important that your employment application provide a clear and detailed description of the duties and responsibilities of each position you held. If you are required to report for a written, oral and/or performance test, you will be notified at a later date of the time and place of the examination.

If you must take an examination but require special accommodation, please call the Recruitment and Examination office at 586-4514 as soon as possible. We will design a fair and effective way in which you can demonstrate your ability to perform the essential functions of this job. You should be prepared to provide medical proof of your need for accommodation by a professional who is qualified to make a diagnosis.

NOTIFICATION: You will be notified, in writing, of your employment eligibility.

ADMINISTRATIVE REVIEW AND APPEAL:

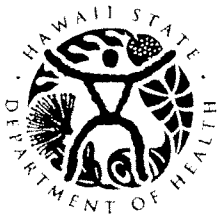
Administrative Review: If you do not agree with the action taken on your application, you must first request an administrative review with the Department of Health. Requests must be made, in writing, to the Department of Health at the address listed above, and received or postmarked within 7 working days following the date of our notice. Requests must include 1) the job title(s), recruitment number(s), and the specific reason(s) you are requesting the review, and 2) any additional information you want to submit to substantiate your request. **If you do not submit your request within the seven day limit, no administrative review will be conducted.**

Appeal: If you do not agree with the action resulting from the administrative review, you may appeal to the Merit Appeals Board within 20 days following the date of our notice. Further information on filing an appeal is available at <http://hawaii.gov/hrd/main/ecd/mab>.

An administrative review, or in some cases an internal complaint, must have been completed before an appeal may be requested. (If an internal complaint is required prior to an appeal, you will be notified following completion of the administrative review.)

A change in rating will not affect the employment consideration of referred applicants or an applicant's appointment.

EMPLOYMENT INTERVIEW: Please take a copy of your State application and/or resume to employment interviews. We suggest you make a copy of your application before turning in the original.



APPLICATION FOR CIVIL SERVICE POSITIONS

STATE OF HAWAII – DEPARTMENT OF HEALTH

Human Resources Office 1250 Punchbowl Street, Honolulu, Hawaii 96813

This application is limited to civil service recruitments delegated to the Department of Health.

GENERAL INSTRUCTIONS: This form is for State Civil Service recruitments delegated to the Department of Health. Please type or print legibly in ink. The information you provide will be used to determine whether you qualify for the job(s) for which you are applying.

- Before applying, read the job requirements described in the **Announcement** carefully to determine if you qualify for the job.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. CITIZENSHIP STATUS. Place a checkmark in the appropriate block:

- A. ☐ Citizen of the U.S.
B. ☐ National of the U.S.
C. ☐ Permanent Resident Alien of the U.S.
D. ☐ Other – Non-citizen of the U.S.

Are you authorized under federal law to work in the U.S. without restrictions?

☐ Yes ☐ No Type of Visa _____

2. UNITED STATES MILITARY SERVICE.

Veterans Preference I claim ☐ 5 points ☐ 10 points (preference)

Serial or Service No.: _____

Date Entered Service: _____

Date Separated From Service: _____

Type of Last Separation: ☐ Honorable ☐ Other than honorable

5 Points veterans preference may be awarded to honorably separated veterans who served on active duty in the U.S. Armed Forces:

- A. During the period December 7, 1941 to July 1, 1955;
B. For more than 180 consecutive days from Jan. 31, 1955 through Oct. 14, 1976 (Not including initial active duty for training under Reserve or National Guard programs);
C. In a campaign or expedition for which a campaign badge or service medal was authorized.

10 Points veterans preference may be awarded to:

- A. Honorably separated veterans with service-connected disability; including those awarded the Purple Heart;
B. The spouse of an honorably separated veteran with a service-connected disability which disqualifies the veteran from State positions in his/her usual occupation;
C. An unmarried, surviving spouse of a person who died while on active duty, or of an honorably separated veteran who served during the periods cited above.

To receive 5 points, you must submit a copy of your DD-214 showing dates of honorable service with this application. To receive 10 points, you must submit an official statement from the Veterans Administration or armed service dated within the past 12 months which confirms your qualification to receive 10 points preference. Spouses or widows must also submit evidence of marriage, and, as applicable, veteran's death.

You may apply for more than one level in the same series or field of work (e.g. Social Worker II, III and IV) using one application by indicating the appropriate job titles and recruitment numbers below.

3. JOB TITLE(S)

4. RECRUITMENT NUMBER(S)

PUBLIC HEALTH

PROGRAM MANAGER

10X004

5. NAME:

First Middle Last

MAILING

6. ADDRESS:

P.O. Box or Street Address

City State Zip Code

E-MAIL

7. ADDRESS:

PHONE 8. NUMBER:

Residence Business or Other

9. CERTIFICATE OF APPLICANT

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

Date

Original Signature of Applicant

APPLICATION FOR CIVIL SERVICE POSITIONS

STATE OF HAWAII DEPARTMENT OF HEALTH

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 10 through 17 is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? ☐ YES ☐ NO

B) Separated from military service under conditions other than honorable? ☐ YES ☐ NO

(If you answer "Yes" to question 10A or 10B, please indicate in item #11 below, the date and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. _____

12. CONVICTION OF A VIOLATION OF LAW

A) Have you been convicted of a violation of law? ☐ YES ☐ NO

Report state, federal, military, international and other convictions. Convictions of felony and misdemeanor offenses (including petty misdemeanor, DUI, contempt of court, etc.) must be reported.

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that **could have** resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #13 below.)
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

B) Within the past three years, have you been convicted of any offense related to controlled substances? ☐ YES ☐ NO

C) Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or federal government by force or violence? ☐ YES ☐ NO

(If you answer "Yes" to question 12A, 12B, or 12C, indicate in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. _____

14. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? ☐ YES ☐ NO

(If you answer "Yes," please indicate in item #15 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

15. _____

16. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawaii? ☐ YES ☐ NO

(If you answer "Yes," to question 16, please explain in detail in item #17 below the reason and date of your settlement or restriction from applying with the State of Hawaii.)

17. _____

EDUCATION AND EMPLOYMENT HISTORY

STATE OF HAWAII
DEPARTMENT OF HEALTH
Human Resources Office
1250 Punchbowl Street, Honolulu, Hawaii 96813

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements specified in the "Career Opportunities" announcement. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the Americans with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where it is a bona fide occupational qualification. The federal and state laws apply to all forms of employment decisions and actions, including pre-employment inquiries. The State of Hawaii is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. JOB TITLE(S) PUBLIC HEALTH PROGRAM MANAGER	2. RECRUITMENT NUMBER(S) 10X004
3. NAME: First Middle Last Other names used (including maiden name)	
MAILING 4. ADDRESS: Number or P.O. Box Street City State Zip Code	
5. E-MAIL ADDRESS:	
6. PHONE NO.: Residence Business or Other	

7. EDUCATION: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. Your responses may be verified.

**DO NOT
WRITE
IN THIS
SPACE**

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)	Highest Grade Level Completed			
B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.				
NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed Semester Quarter	Kind of Degree, Diploma or Certificate Received	Date Received

8. OTHER QUALIFICATIONS

A. LICENSE OR CERTIFICATE: Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required in the "Career Opportunity" recruitment and examination announcement, please submit a copy or present for verification.*

A1. DRIVER'S LICENSE

Identification Number: _____
 Expiration Date: _____
 State/Type: _____

A2. OTHER

B. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

C. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

EDUCATION AND EMPLOYMENT HISTORY

9. EXPERIENCE: Please type or print legibly in ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.

Please complete this section even if you are attaching a resume or other documents.

Your Present or Last Position	
Employer _____	From: _____ <div style="text-align: right; font-size: small;">Month Year</div>
Address _____ _____	To: _____ <div style="text-align: right; font-size: small;">Month Year</div>
Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
Your Title _____	Average hours worked per week _____
Duties and Responsibilities _____ _____ _____ _____ _____	Starting Salary \$ _____ Per _____
	Ending Salary \$ _____ Per _____
	Reason(s) for leaving _____ _____ _____
Employer _____	From: _____ <div style="text-align: right; font-size: small;">Month Year</div>
Address _____ _____	To: _____ <div style="text-align: right; font-size: small;">Month Year</div>
Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
Your Title _____	Average hours worked per week _____
Duties and Responsibilities _____ _____ _____ _____ _____	Starting Salary \$ _____ Per _____
	Ending Salary \$ _____ Per _____
	Reason(s) for leaving _____ _____ _____
Employer _____	From: _____ <div style="text-align: right; font-size: small;">Month Year</div>
Address _____ _____	To: _____ <div style="text-align: right; font-size: small;">Month Year</div>
Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
Your Title _____	Average hours worked per week _____
Duties and Responsibilities _____ _____ _____ _____ _____	Starting Salary \$ _____ Per _____
	Ending Salary \$ _____ Per _____
	Reason(s) for leaving _____ _____ _____
Employer _____	From: _____ <div style="text-align: right; font-size: small;">Month Year</div>
Address _____ _____	To: _____ <div style="text-align: right; font-size: small;">Month Year</div>
Name and Title of Your Supervisor _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer
Your Title _____	Average hours worked per week _____
Duties and Responsibilities _____ _____ _____ _____ _____	Starting Salary \$ _____ Per _____
	Ending Salary \$ _____ Per _____
	Reason(s) for leaving _____ _____ _____

EMPLOYMENT AVAILABILITY INFORMATION

State of Hawaii, Department of Health, Human Resources Office – Recruitment & Examination
1250 Punchbowl Street, Room 122, Honolulu, Hawaii 96813

CONFIDENTIAL

390 (DOH Ext), rev. 7/10

1. Name: _____
Last First M.I.

2. Social Security Number: XXX-XX-____

3. Recruitment No.	Job Title	DOH Use Only				
		Acc	Rej	Code(s)	VP	Date
10X004 ONLY	Public Health Program Manager					

4. I will consider jobs in the locations checked below:

OAHU

- ☐ **Ewa** (Includes Makakilo, Kapolei, Barber's Point, Ewa Beach)
☐ **Waipahu to Aiea** (Includes Waikele, Waipio, Pearl City)
☐ **Halawa to Kalihi** (Includes Aliamanu, Airport, Salt Lake, Moanalua, Mapunapuna, Kapalama, Palama, Sand Island, Iwilei)
☐ **Downtown** (Includes Nuuanu, Pauoa, Makiki-Kapiolani, Ala Moana)
☐ **Manoa to Kahala** (Includes Moiliili, McCully, Waikiki, Kapahulu, Kaimuki, Palolo, Waialae to Wailupe)
☐ **Aiea Haina to Hawaii Kai**
☐ **Waimanalo to Kailua**
☐ **Kaneohe to Kualoa** (Includes Kahaluu, Waiahole, Waikane)
☐ **Kaaawa to Kahuku** (Includes Punaluu, Hauula, Laie, Kahuku)
☐ **North Shore** (Includes Sunset Beach, Waimea, Haleiwa, Waialua, Mokuleia)
☐ **Wahiawa/ Kunia/ Mililani**
☐ **Waianae Coast** (Includes Maili, Nanakuli, Waianae, Makaha)

HAWAII

- ☐ **Hilo** (Includes Papaikou, Pepeekeo, Honomu, Hakalau, Ninole, Papaaloa, Laupahoehoe)
☐ **Honokaa / Hamakua** (Including Ookala, Paauilo, Paauhau, Haina, Kukuihaele)
☐ **Kamuela / Kohala / Waikoloa** (Includes Halaula, Papaau, Hawi, Kawaihae)
☐ **Kona** (Includes Keahole, Kailua-Kona, Holualoa, Keauhou, Kealahou, Captain Cook, Honaunau)
☐ **Ka'u** (Includes Ocean View, Naalehu, Pahala)
☐ **Puna** (Includes Hawaii Volcanoes Nat'l Park, Volcano, Kurtistown, Mountain View, Keau, Pahoa, Kapoho)

MAUI

- ☐ **Wailuku/ Kahului** (Includes Puunene, Paukukalo, Waiehu, Waihee)
☐ **Lahaina**
☐ **Maalea/ Kihei/ Wailea**
☐ **Hana**
☐ **Makawao** (Includes Pukalani, Paia, Haiku, Haliimaile)
☐ **Kula**

KAUAI

- ☐ **Lihue** (Includes Hanamaulu)
☐ **Kapaa** (Includes Wailua, Kealia, Anahola)
☐ **Hanalei** (Includes Kilauea, Princeville, Haena)
☐ **Waimea** (Includes Kokee, Kekaha, Kaumakani, Hanapepe, Elelee, Port Allen, Kalaheo)
☐ **Koloa** (Includes Lawai, Omao)

LANAI

- ☐ **Lanai City**

MOLOKAI

- ☐ **Kaunakakai** (Includes Maunaloa, Hoolehua, Kualapuu)
☐ **Kalaupapa**

5. I will accept a job which is: ☐ Permanent ☐ Full-time ☐ At a lower rate of pay
☐ Temporary ☐ Part-time

6. I would like to be considered for jobs which require driving: ☐ Yes (attach a copy of your valid driver's license)
☐ No

7. How did you hear about this recruitment? ☐ Local newspaper ☐ Department of Human Resources Development website
☐ Department of Health website ☐ Word of mouth
☐ Other (specify) _____

Note: If you wish to change your availability at a later date, you may do so by completing and submitting a new form to the above address.

PUBLIC HEALTH PROGRAM MANAGER-DOCD (EM-05) - Supplemental Questionnaire

- * 1. **REQUIRED SUPPLEMENTAL QUESTIONS.** The information provided on this supplemental questionnaire form will be used in combination with your application to determine whether you meet the qualification requirements. Failure to provide detailed and complete information may result in your application being rejected. PLEASE DO NOT SUBMIT A RESUME IN PLACE OF COMPLETING THIS SUPPLEMENTAL QUESTIONNAIRE. YOUR APPLICATION WILL NOT BE ACCEPTED. In general, proof of education obtained from and/or submitted through the internet will not be accepted. Education obtained outside the United States must be comparable to education earned at an accredited school in the United States. We also reserve the right to request further information about your academic program, evidence of comparability, or an original transcript. Any information you submit may be verified. Supporting documents must be submitted at the time of the filing of your application.

To receive credit for substitute, on call or volunteer experience, applicants should submit an official letter of verification on agency letterhead. The letter should include the job title, employment dates, number of hours worked, a description of the duties performed, and a contact name and phone number. To receive credit for temporary assignment, you must submit your **approved** Form 10 (**approved** by your supervisor and the Human Resources Officer) to our office at the filing of your application.

When applying for this position, I understand that I must thoroughly complete the "Education" and "Work Experience" sections on my application and the "Supplemental Questionnaire." This includes a detailed description of each position that I feel qualifies me for this job with the State of Hawaii. I have read the above statement and understand that failure to provide sufficient detailed information may result in my application being rejected. I also understand that I may not submit resumes in lieu of filling out the application or supplement questionnaire; however, I may attach it to the application to provide additional information.

☐ I acknowledge I have read the above statement.

Signature

Date

* 2. **EDUCATION REQUIREMENT**

Do you possess:

A. a Bachelor's degree from an accredited university or 4-year college; or

B. a combination of education and experience that would be equivalent to completion of an accredited Bachelor's degree?

If you wish to receive credit for your college or university education, you **MUST** submit a copy of your OFFICIAL transcripts, identified by job title and vacancy announcement number, as verification at the filing of your application.

If you are using excess work experience to fulfill the Education Requirement, be sure to fully address this work experience in the experience portion of your application.

☐ Yes
☐ No

* 3. **EDUCATION - SUBSTITUTION OF EDUCATION FOR EXPERIENCE**

Are you substituting an appropriate Master's degree for part of the required experience? If so, you MUST submit copies of your OFFICIAL transcripts, identified by job title and vacancy announcement number, as verification at the filing of your application.

☐ Yes
☐ No

PUBLIC HEALTH PROGRAM MANAGER-DOCD (EM-05)
Supplemental Questionnaire cont'd

*** 4. SPECIALIZED EXPERIENCE**

Applicants must possess at least **THREE and ONE-HALF** years of progressively responsible PROFESSIONAL experience in social work, public health, or other related field. At least **ONE** year must have involved work experience with surveillance, investigations, assessments, and/or studies dealing with vaccine preventable diseases.

Provide the following information for EACH position listed in the experience portion of your application, where you wish to receive credit. Please submit your responses on a hard copy addendum and submit at the filing of your completed application.

1) Name of employer.

2) Briefly describe this employer. Was this a government agency, a non profit agency, etc.? What kinds of services or programs did this employer provide and what population(s) did it serve? What were the major departments or sections of this company?

3) Your position title.

4) Which section or department did you work in? What was its **primary** focus? What kinds of staff did you work with in this section (e.g., 1 Department Manager, 2 Nutritionists, etc.)?

5) What was the main function of your position?

6) Give a **detailed** description of your duties. Explain how, in this position, you applied your knowledge of:

A. Public health laws, rules and regulations pertinent to VPDs and vaccinations. Cite specific laws, rules, regulations, etc. that you applied and give examples of how you applied them.

B. Public health programs and services.

C. Community health organizations and the services they provide. Explain how you cooperated with various community organizations that are involved with public health issues.

D. Report writing. What kinds of reports did you write? Who used these reports and for what purpose?

E. Current public health problems and related social and economic conditions and concerns.

F. Characteristics of vaccine-preventable diseases (VPDs) and their mode of transmission.

G. Statistical Methodology.

H. Ability to plan, develop, and coordinate programs relating to VPDs and vaccination.

TREAT EACH EMPLOYER OR CHANGE IN JOB TITLE
 SEPARATELY. BE SURE TO CLEARLY LABEL EACH RESPONSE.

PUBLIC HEALTH PROGRAM MANAGER-DOCD (EM-05)
Supplemental Questionnaire cont'd

*** 5. SUPERVISORY EXPERIENCE**

Please give the following, for EACH position listed in the experience section of your application, where you are claiming Supervisory Experience. Please submit your responses on a hard copy addendum and submit at the filing of your completed application.

- 1) Name of employer.
- 2) Your position title.
- 3) Describe your employer. Was this a government agency, a large private corporation, etc.? Briefly, what kinds of services did your organization provide? What were the organization's major sections or departments?
- 4) Describe this employer's organizational hierarchy. Where was your position in this hierarchy (what level)? Which section did you work in and what was its **primary** function?
- 5) What was the **major** focus of your position?
- 6) Did this employer have a separate administrative office or officer whose formal responsibilities included development of managerial policies, budget formulation, etc.? If so, clarify the relationship between your position and this administrative office or officer.
- 7) For this position, give a **detailed** description of your supervisory duties. List the numbers and types of employees you supervised (e.g., 2 Social Workers, 2 Case Managers). Did you conduct formal evaluations of your subordinates' job performance? What kinds of training did you provide to your subordinates? Give examples of difficult problems you assisted them with. How did your supervisory duties differ from those of your supervisor?
 Use specific language that will clearly show the scope of your supervisory responsibilities.
- 8) Give the dates and the average percentage of time you spent per week on these supervisory duties. Use your best estimate.

TREAT EACH CHANGE IN EMPLOYER OR JOB TITLE SEPARATELY. BE SURE TO CLEARLY LABEL EACH RESPONSE.

- * 6. **ADDITIONAL INFORMATION.** Do you have any other information related to this position that you would like us to consider? If no, so state. If yes, please provide the information on a hard copy paper addendum submitted to our office and identified by job title and vacancy announcement number at the filing of your application.
- * 7. Supporting documents such as transcripts, driver's license, or professional licensure as described in the job posting must be submitted at the filing of your application.

*** Required Question**

Mail or drop off Application, Supplemental Questionnaire and Additional Information to:

Department of Health
 Human Resources Office
 Recruitment & Examinations
 1250 Punchbowl Street, Room 122
 Honolulu, Hawaii 96813